

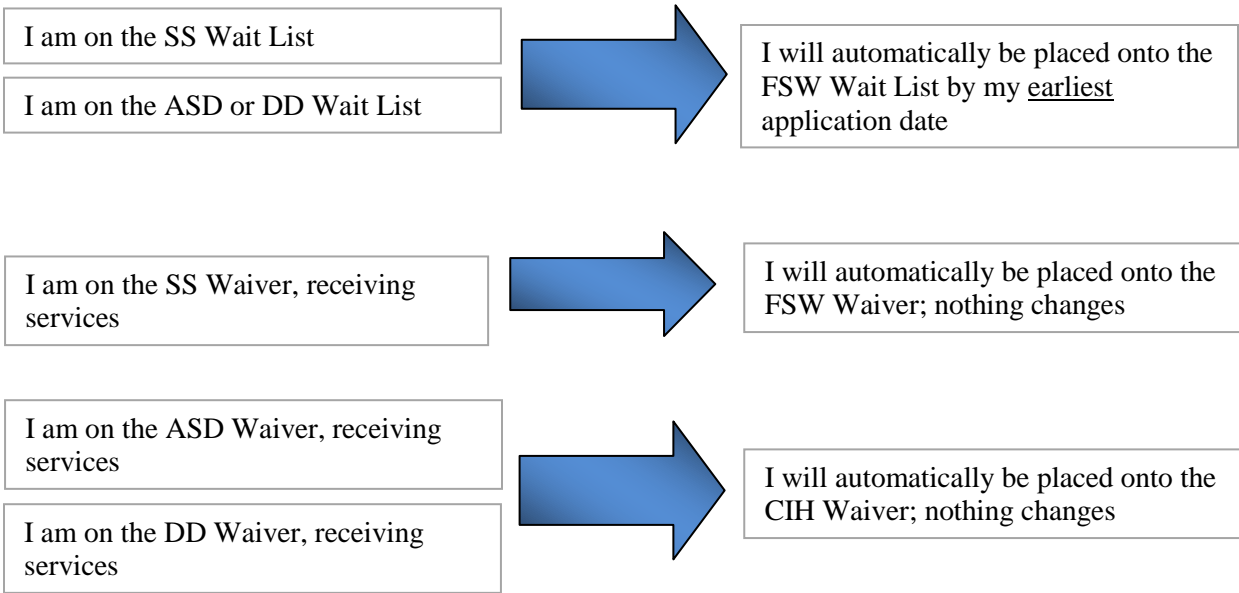
Community Integration and Habilitation Waiver Q&As from Webinar:

The ultimate goals of the conversion of the Autism and Developmental Disabilities waivers to the Community Integration & Habilitation (CIH) waiver are to:

- Provide the Family Supports Waiver (FSW) to more people,
- Enable families to intervene earlier in the care for their family member with a Developmental Disability, including Autism,
- More rapidly reduce the wait time to receive funding from the state for services upon diagnosis.

Important facts about the Waivers:

1. If a person is currently on the wait list for any of DDRS' waivers - Autism (ASD), Developmental Disabilities (DD), or Support Services (SS), he/she will be moved to the FSW wait list and targeted for the FSW by the earliest application date that he/she has submitted. They will not have to re-apply for any waiver, and their position on the list will be the same as it was on the Autism, DD, or SS wait lists.
2. If a person is currently on the Support Services (SS) waiver he/she will automatically begin receiving services through the Family Supports Waiver (FSW). These individuals will receive the same services and benefits as they were on the Supports Services waiver, as the new waiver is exactly the same, only named differently and includes two more services and an increased cap. They will not need to do anything.
3. If a person is on the Autism or the DD Waiver, he/she will automatically begin receiving services through the Community Integration & Habilitation (CIH) waiver. These individuals will receive the same services and benefits as they were on the Autism or DD waivers, as the new waiver is exactly the same, only named differently. They will not need to do anything.
4. An application has been submitted for the increase in funding (from \$13,500 to \$16,250) on the Family Supports Waiver. BDDS is waiting for approval, and has an estimated effective date of September 1, 2012.
5. The FSW is a capped waiver, but soon will be expanding to cover direct care service for in-home support.



Definitions for information in the Question/Answer section

Acronym	Full Meaning
ASD Waiver	Autism Waiver
BDDS	Bureau of Developmental Disabilities Services
CIH Waiver	Community Integration & Habilitation Waiver
CMS	Centers for Medicare and Medicaid Services
DD Waiver	Developmental Disabilities Waiver
DDRS	Division of Disability and Rehabilitative Services
FSW Waiver	Family Supports Waiver
ICF/ID	Intermediate Care Facility/Intellectual Disability
IPMG	Indiana Professional Management Group
SS Waiver	Support Services Waiver

Questions and Answers

Waiting List

If I am on another waiver, like the Aged and Disabled (A&D) Waiver, can I move to the FSW or CIH waivers?

If you are receiving services through another waiver, you can move to the FSW only if you are currently on a wait list for the Autism, Developmental Disabilities, or Support Services waivers. To move onto the CIH waiver, an individual must meet specific priority criteria, which include:

- Eligible individuals transitioning to the community from NF, ESN and SOF
- Eligible individuals determined to no longer need/receive active treatment in an SGL
- Eligible individuals transitioning from 100% state funded services
- Eligible individuals aging out of DOE, DCS or SGL
- Eligible individuals requesting to leave a Large Private ICF/ID
- Eligible individuals meeting the following emergency criteria:
 - Death of a Primary Caregiver where there is no other caregiver available
 - Caregiver over 80 years of age where there is no other caregiver available
 - Evidence of abuse or neglect in the current institutional or SGL placement
 - Extraordinary health and safety risk as reviewed and approved by the Division Director

What do you mean by “needs based” when referring to being placed on a waiver?

“Needs-based” refers to meeting the eligibility and/or priority criteria that are required for that waiver’s services.

Eligibility Criteria

What are the criteria for the FSW?

The criteria for the FSW are the same that are required for receiving any services through DDRS’ waiver program. Individuals meeting the state criteria for a developmental disability and meeting the criteria for an ICF/ID level of care determination are eligible to receive waiver services. “Developmental Disability” means a severe, chronic disability of an individual.

- Is attributable to intellectual disability, cerebral palsy, epilepsy, or autism; or
- any other condition (other than a sole diagnosis of mental illness) found to be closely related to intellectual disability,
- Is manifested before the individual is twenty-two (22) years of age.
- Is likely to continue indefinitely.
- Results in substantial functional limitations in at least three (3) of the following areas of major life activities:
 - Self-care.
 - Understanding and use of language.
 - Learning.
 - Mobility.
 - Self-direction.
 - Capacity for independent living.

What are the criteria for the CIH?

The CIH waiver is a needs-based waiver, which means that an individual must meet one of the following priority criteria:

- Eligible individuals transitioning to the community from NF, ESN and SOF
- Eligible individuals determined to no longer need/receive active treatment in an SGL
- Eligible individuals transitioning from 100% state funded services
- Eligible individuals aging out of DOE, DCS or SGL
- Eligible individuals requesting to leave a Large Private ICF/ID
- Eligible individuals meeting the following emergency criteria:
 - Death of a Primary Caregiver where there is no other caregiver available
 - Caregiver over 80 years of age where there is no other caregiver available
 - Evidence of abuse or neglect in the current institutional or SGL placement
 - Extraordinary health and safety risk as reviewed and approved by the Division Director

What do you mean by “emergency placement?” Can you please define “emergency?”

Emergency is defined as a situation in which the health and welfare of an individual is threatened, and alternative placement in a supervised group living setting is not available or is determined by the division to be an inappropriate option.

- Eligible individuals transitioning to the community from NF, ESN and SOF
- Eligible individuals determined to no longer need/receive active treatment in an SGL
- Eligible individuals transitioning from 100% state funded services
- Eligible individuals aging out of DOE, DCS or SGL
- Eligible individuals requesting to leave a Large Private ICF/ID
- Eligible individuals meeting the following emergency criteria:
 - Death of a Primary Caregiver where there is no other caregiver available
 - Caregiver over 80 years of age where there is no other caregiver available
 - Evidence of abuse or neglect in the current institutional or SGL placement
 - Extraordinary health and safety risk as reviewed and approved by the Division Director

I have been deemed “ineligible” by BDDS, but I have a diagnosis of autism. What should I do?

Individuals meeting the state criteria for a developmental disability and meeting the criteria for an ICF/ID level of care determination are eligible to receive waiver services. “Developmental Disability” means a severe, chronic disability of an individual.

- Is attributable to intellectual disability, cerebral palsy, epilepsy, or autism; or
- any other condition (other than a sole diagnosis of mental illness) found to be closely related to intellectual disability,
- Is manifested before the individual is twenty-two (22) years of age.
- Is likely to continue indefinitely.
- Results in substantial functional limitations in at least three (3) of the following areas of major life activities:
 - Self-care.
 - Understanding and use of language.
 - Learning.

- Mobility.
- Self-direction.
- Capacity for independent living.

If you have been deemed ineligible as not meeting one of these criteria, you have the right to appeal the decision within 33 calendar days of the date of the notice. Instructions about this process can be found at <http://www.in.gov/fssa/ddrs/4312.htm>.

I didn't receive a "targeting letter". What should I do?

DDRS realizes that many individuals currently on the Medicaid Waiver wait list have application dates for more than one waiver – possibly with different dates. A targeting letter is sent to individuals who are on a wait list for a DDRS waiver when his/her application date is being targeted. DDRS targets individuals on the DDRS Medicaid Waiver wait list in order of application date, starting with the oldest.

Moving forward, individuals will be targeted for the FSW – no matter what DDRS Medicaid waiver wait list he/she is on – by the earliest application date that he/she has submitted. For example, if you applied for the DD Waiver on January 1, 2001, and the ASD Waiver on March 3, 2001, you will be targeted for the FSW based on your January 1, 2001, application date.

It is the responsibility of an individual or his/her legal guardian to contact his/her local BDDS office once a year to (1) update any changes to contact information, and (2) indicate preference for remaining on the DDRS Medicaid Waiver wait list. As long as your contact information is updated, a targeting letter will reach you upon DDRS' targeting of your Medicaid waiver application date.

I am currently on the DD or the Autism Waiver, but don't meet the new CIH criteria. What will happen?

If a person is on the Autism or the DD Waiver, he/she will automatically begin receiving services through the Community Integration & Habilitation (CIH) waiver. These individuals will receive the same services and benefits as they were on the Autism or DD waivers, as the new waiver is exactly the same, only named differently.

Only individuals who do not currently receive the Autism or DD waivers will be required to meet priority criteria.

What are the Level of Care requirements for BDDS eligibility? Specifically.

An applicant/participant must meet three of six substantial functional limitations and each of four basic conditions (listed below) in order to meet LOC.

The basic conditions are:

- intellectual disability, cerebral palsy, epilepsy, autism, or condition similar to intellectual disability,
- the condition identified above is expected to continue,
- the condition identified above had an age of onset prior to age 22, and
- the applicant needs a combination or sequence of services.

The substantial functional limitation categories, as defined in 42 CFR 435.1009, are:

- self-care,
- learning,
- self direction,
- capacity for independent living,
- receptive and expressive language, and
- mobility.

Timeline

When will the FSW replace the SS Waiver?

The expected effective date of the FSW waiver is September 1, 2012, pending approval by the Centers for Medicare and Medicaid Services.

When will the Autism and DD Waiver be converted to the new CIH waiver?

The expected effective date of the CIH waiver is September 1, 2012, pending approval by the Centers for Medicare and Medicaid Services.

How long will people have to continue to wait on the FSW?

As quickly as the system can bring them into the waiver. Right now, 200 individuals on the waiting list are being targeted every 2-3 weeks (5,200/yr).

Residential Supports

Can I live outside of the home (not with family) and still be on the FSW?

Yes! If your physical, emotional, behavioral, social, and medical needs can be met while pursuing your goals within the budget of the capped waiver, you are encouraged to live outside of the family home.

DDRS realizes, however, the cost associated with some individuals living independently will negatively affect the Division's ability to put more people onto the FSW and decrease the Waiver wait list. In many cases, it is less expensive for an individual to remain in the family home than to live independently.

Further, there is a current societal shift occurring in which individuals – both with and without disabilities - tend to stay at home longer or are moving in with roommates rather than living on their own. The Division hopes to refrain from separating people with developmental disabilities from the mainstream, and rather, work within the current national trends of economic stability.

What do I do if the cap on the FSW is not enough for me to live independently?

If you're unable to live alone because of the cap on the waiver, alternatives such as living in your family home, another family member's home, or in a house with housemates are all options.

How do I get on the CIH waiver if I am currently on the FSW?

To move onto the CIH waiver, an individual must meet specific priority criteria, which include:

- Eligible individuals transitioning to the community from NF, ESN and SOF
- Eligible individuals determined to no longer need/receive active treatment in an SGL
- Eligible individuals transitioning from 100% state funded services
- Eligible individuals aging out of DOE, DCS or SGL
- Eligible individuals requesting to leave a Large Private ICF/ID
- Eligible individuals meeting the following emergency criteria:
 - Death of a Primary Caregiver where there is no other caregiver available
 - Caregiver over 80 years of age where there is no other caregiver available
 - Evidence of abuse or neglect in the current institutional or SGL placement
 - Extraordinary health and safety risk as reviewed and approved by the Division Director

If I am currently an adult in a group home, what will happen?

If you are currently in a group home and are on the waiting list for the ASD, DD or SS waivers, you will be targeted for the FSW waiver when DDRS targets your Medicaid waiver application date. At that time, you can choose to accept the waiver placement, or remain in the group home. Once you decline the waiver placement, however, you will be unable to access it again unless you meet priority criteria for the CIH.

If you are not on the DDRS Medicaid waiver wait list, you will remain in the group home setting, unless you meet priority criteria for the CIH. Should this occur, you will be automatically placed onto the CIH waiver.

Lastly, group home providers are being given the option to voluntarily convert to waiver homes, as addressed in the Section 144 report. Should your group home provider choose to convert to waiver homes, you will have the choice to receive waiver services through the CIH waiver, or not receive waiver services and remain in a group home setting. Ultimately, this conversion would allow individuals the opportunity to have more choices in which providers serve their needs, but not in their service delivery.

If I am a child in a group home, what will happen when I become an adult?

You will transition into an adult group home. However, if you have been on the DDRS Medicaid waiver wait list and are targeted for the FSW prior to becoming an adult, you will have the option to receive waiver services through the FSW waiver, or not receive waiver services and remain in a group home setting.

What is the difference between a group home and a waiver home?

A group home is considered a small institutionally based long term care facility that provides services for 4 or more individuals living in the same home. The group home provider may work with a limited number of other providers to deliver your services.

A waiver home is your family home, a home with housemates, or your own home. You have greater choice in which providers deliver your services.

Both, however, are considered placements within the community setting.

If I am in a group home, will I be on the FSW or on the CIH waiver?

Group homes and waiver services are two different things. You will not be on a waiver if you live in a group home.

If you are currently in a group home and are on the waiting list for the ASD, DD or SS waivers, you will be targeted for the FSW waiver when DDRS targets your Medicaid waiver application date. At that time, you can choose to accept the waiver placement, or remain in the group home. Once you decline the waiver placement, however, you will be unable to access it again unless you meet priority criteria for the CIH.

If you are not on the DDRS Medicaid waiver wait list, you will remain in the group home setting, unless you meet priority criteria for the CIH. Should this occur, you will be automatically placed onto the CIH waiver.

Lastly, group home providers are being given the option to voluntarily convert to waiver homes, as addressed in the Section 144 report. Should your group home provider choose to convert to waiver homes, you will have the choice to receive waiver services through the CIH waiver, or not receive waiver services and remain in a group home setting. Ultimately, this conversion would allow individuals the opportunity to have more choices in which providers serve their needs, but not in their service delivery.

Questions Specific to the CIH Waiver

Will there still be the “buckets” that the budget will be based on? If so, what are they?

The procedures that are currently used for evaluating an individual’s needs and budgets will remain the same.

Questions Specific to the FSW Waiver

When can I receive the increased budget amount? How do I apply for that?

Initially, the cap for the FSW will be \$16,250 per year, and will take effect as soon as CMS approves our SSW amendment. An announcement will be made when the date becomes effective and individuals can begin utilizing services up to the cap.

However, if an individual does not need an increased budget, he/she should not request one. When and if he/she needs increased services, an increase in budget can occur.

Providers who service individuals who are currently on the SS waiver in their homes, will they be able to continue to provide that service?

Yes. Services through the FSW will be no different than what was on the SSW, except that two are being added:

- (1) Participant Assistance and Care (PAC), which is a residential service
- (2) Case Management

Providers

Will providers have to re-apply to qualify as waiver providers?

No, you will not have to re-apply to provide services through either the Family Supports Waiver or Community Integration & Habilitation Waiver.

Will the state increase the reimbursement rate for any of the types of direct care workers to encourage the retention of good employees?

DDRS will be implementing its Quality and Outcome Based Provider Reimbursement Methodology in the next year which “raises the bar” on provider service delivery and outcomes for consumers. The Residential Habilitation and Supports (RHS) rate providers receive would be contingent upon performance as measured by five quality indicators, each measured at varying degrees of difficulty. Providers meeting or exceeding all five indicators will be rewarded by a higher RHS rate for the year following the evaluation. Raising standards for service providers will also promote employment of more qualified staff, which in turn, will result in higher quality services for waiver consumers.

Is IPMG the only provider of case management services?

Currently, IPMG is the only case management company that provides services to individuals receiving DDRS Medicaid Waiver services. However, the contract between this entity and the State expires on August 31, 2012. To provide more choice to individuals and families regarding individual case managers, case management has been added to the SSW and DD waiver amendments that create the FSW and CIH waivers, respectively.

The expected effective date of the case management as a waiver service is September 1, 2012, pending approval by the Centers for Medicare and Medicaid Services.

Starting July 18, 2012, DDRS will accept proposals from new case management companies interested in providing case management services through the Waiver program.

Prospective providers should follow the instructions for becoming a BDDS approved provider outlined on the Provider Relations webpage located at <http://www.in.gov/fssa/ddrs/2644.htm>.

Case Management

Will I be able to select my own case manager?

Individuals receiving waiver services have always been able to choose their individual case manager.

Existing waiver participants will have greater choice in individual case managers as soon as the service is made available on the waiver and other case management providers are approved to provide the service. Pending CMS approval, it is anticipated that the date by which these choices can be made by waiver participants is September 1, 2012.

For individuals transitioning onto the waiver after September 1, 2012, they will be able to choose an individual case manager from as many case management providers as are approved by DDRS at that time.

Where is a list of case managers?

A list of approved case management providers will be made available on DDRS' website on September 1, 2012.

When will CMS determine if multiple providers can be case management vendors?

Pending approval from the Center for Medicare and Medicaid Services (CMS), the effective date for providing case management as a waiver service is expected to be September 1, 2012.

How is the new waiver being funded?

The new FSW will be funded through federal Medicaid funding and a match contributed by the State. In addition, savings from other waiver initiatives will also fund the Family Supports Waiver (FSW). This waiver is intended to reduce the per capita cost of residential placements on the DD Waiver resulting in more financial resources being available for the new Family Supports Waiver. An annual cap and strong emphasis on identification and utilization of natural supports will provide greater certainty in individual Family Supports Waiver budgets.

The Community Integration and Habilitation (CIH) waiver will continue to be funded through federal Medicaid funding and a match contributed by the State.

How will these changes affect the state budget?

The cost of the DD and Autism Waivers has remained relatively flat as budgets established for individuals varied little from year to year. As a result of the addition of a residential service component onto the Support Services Waiver and giving it a new name, the new Family Supports Waiver can be included in the per capita cost calculation. These changes will result in a dramatic decrease in per capita spending as more individuals are transitioned onto this waiver.

General**How will the change in the DSM5 diagnostic criteria affect eligibility?**

This change will not affect the Intermediate Care Facility/Intellectual Disability (ICF/ID) level of care.

Individuals meeting the state criteria for a developmental disability and meeting the criteria for an ICF/ID level of care determination are eligible to receive waiver services. "Developmental Disability" means a severe, chronic disability of an individual.

- Is attributable to intellectual disability, cerebral palsy, epilepsy, or autism; or
- any other condition (other than a sole diagnosis of mental illness) found to be closely related to intellectual disability,
- Is manifested before the individual is twenty-two (22) years of age.
- Is likely to continue indefinitely.
- Results in substantial functional limitations in at least three (3) of the following areas of major life activities:
 - Self-care.
 - Understanding and use of language.
 - Learning.

- Mobility.
- Self-direction.
- Capacity for independent living.

Will families who earn “a little bit more” have to make co pays? If so, how will that be determined?

No. Medicaid eligibility (which is required to receive Medicaid waiver services) for minors seeking Medicaid waiver services disregards parental income.

How do I know where we are on the waiting list?

To determine what application date is currently being targeted, please contact your local BDDS office.

You can find the phone number for your local BDDS office here

<http://www.in.gov/fssa/ddrs/4088.htm>.

Simply click on the map where your county is located to view contact information and location addresses.

The BDDS helpline number is another resource: 1-800-545-7763.

Finally, you can also access the Waiver Waiting List online portal

(<http://www.in.gov/fssa/ddrs/4328.htm>) where you can see your contact information and you're your application. You also have the capability of sending an email to update any information that is incorrect.

While none of these options will give you an indication about how many individuals are “in front of you,” you will better understand the proximity of your targeting based upon the date DDRS is targeting at the time of your call.

Will Applied Behavior Analysis (ABA) be funded under the CIH waiver? Will it be funded under the FSW?

Intermediate Behavior Intervention (IBI), which is currently available on the DDW and ASW, will remain on the new CIH Waiver and FSW. The definition for this service can be found at http://www.in.gov/fssa/files/Part_10_-_Service_Definitions_and_Requirements.pdf.

As DDRS rolls out these new waivers and assesses needs of individuals moving onto the FSW and CIH, discussions and analysis about ABA will continue.

What will happen to children on any of the waivers who are a part of the DCS system?

DDRS has a Memorandum of Understanding (MOU) with DCS to work through any situations in which a child with ASD or DD is placed onto Waiver services.

Will people who have co-morbid conditions (Mental Health and Developmental disability) qualify for either waiver?

For both the FSW and CIH waivers, individuals meeting the state criteria for a developmental disability and meeting the criteria for an ICF/ID level of care determination are eligible to receive waiver services. “Developmental Disability” means a severe, chronic disability of an individual.

- Is attributable to intellectual disability, cerebral palsy, epilepsy, or autism; or
- any other condition (other than a sole diagnosis of mental illness) found to be closely related to intellectual disability,
- Is manifested before the individual is twenty-two (22) years of age.
- Is likely to continue indefinitely.
- Results in substantial functional limitations in at least three (3) of the following areas of major life activities:
 - Self-care.
 - Understanding and use of language.
 - Learning.
 - Mobility.
 - Self-direction.
 - Capacity for independent living.

Further, priority criteria must be met for placement onto the CIH waiver. These criteria are:

- Eligible individuals transitioning to the community from NF, ESN and SOF
- Eligible individuals determined to no longer need/receive active treatment in an SGL
- Eligible individuals transitioning from 100% state funded services
- Eligible individuals aging out of DOE, DCS or SGL
- Eligible individuals requesting to leave a Large Private ICF/ID
- Eligible individuals meeting the following emergency criteria:
 - Death of a Primary Caregiver where there is no other caregiver available
 - Caregiver over 80 years of age where there is no other caregiver available
 - Evidence of abuse or neglect in the current institutional or SGL placement
 - Extraordinary health and safety risk as reviewed and approved by the Division Director

What is the process for applying for a FSW?

Pending approval from CMS, an individual or his/her guardian may apply for the Family Supports Services Medicaid waiver program through the local Bureau of Developmental Disabilities Services (BDDS) office. Individuals (or their guardians) have the right to apply without questions or delay.

The Bureau of Developmental Disabilities Services District Offices can provide an application for the Family Supports Waiver, as well as assist in researching additional services.

To apply for the Family Supports Services Waiver, the individual or guardian must complete, sign, and date an Application for Long Term Care Services (State Form 4594) including the time of day that the application is signed. An individual who has not already applied for waiver services may also need to complete, sign, and date a DDRS Referral and Application (State Form 10057) located at <http://www.in.gov/fssa/ddrs/3349.htm>. Other individual or agency representatives may assist the individual or guardian in completing the application form and forward it to the BDDS office service the county in which the individual currently resides. The application may be submitted in person, by mail or by fax.

Upon receiving the waiver application, the BDDS staff must contact the individual and/or his/her guardian and discuss the process for determining eligibility for the waiver (documentation of a developmental disability, diagnosis within the Autism Spectrum, Medicaid eligibility, and level of care). If the applicant is not a Medicaid recipient, he/she will be referred to the local Division of Family Resources to apply for Medicaid. Once it has been determined that an individual meets the criteria for developmental services, that individual will be placed on the Waiver wait list. Once a waiver slot becomes available based upon the individual's application date, he/she will be "targeted", or offered a waiver placement.

More specific information about applying for DDERS Medicaid waiver services can be found in the 2011 DDERS Waiver Manual <http://www.in.gov/fssa/files/Part 5 - Application and Start of Waiver Services.pdf>.

How do I get on the CIH? Do I have to be on the FSW first, and then moved? That seems to take a long time.

No, an individual will not go onto the FSW first, necessarily. The Family Supports Waiver is not meant to be a "placeholder waiver" for the CIH Waiver.

To be placed onto the CIH waiver, which is a needs-based waiver, an individual must meet one of the priority criteria for emergency access, which are listed below:

- Eligible individuals transitioning to the community from NF, ESN and SOF
- Eligible individuals determined to no longer need/receive active treatment in an SGL
- Eligible individuals transitioning from 100% state funded services
- Eligible individuals aging out of DOE, DCS or SGL
- Eligible individuals requesting to leave a Large Private ICF/ID
- Eligible individuals meeting the following emergency criteria:
 - Death of a Primary Caregiver where there is no other caregiver available
 - Caregiver over 80 years of age where there is no other caregiver available
 - Evidence of abuse or neglect in the current institutional or SGL placement
 - Extraordinary health and safety risk as reviewed and approved by the Division Director

How will people receiving VR services be handled? Will they be put on a waiver or receive state funded employment services? Do they need a waiver?

Individuals receiving VR services will continue to do so as they are now. It will not be necessary for them to go onto the waiver to continue to receive services through VR. Further, if an individual does not successfully complete VR services, he/she is still able to access Supported Employed Follow Along (SEFA) through State funding.

How will high-need individuals be addressed? What will the waiver amendment address these higher cost individual's needs?

To help ensure the unique needs of high-cost/high-needs individuals are met, a new service definition will be created in which specific services that accommodate this population will be defined. Affixed to this service definition will be a rate that can support the increased responsibility placed on providers to care for this population. This rate will allow providers to pay quality staff to provide safe and effective services.